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Image# 12962986862

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	or Other Than An Au	thorized Committe	e	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type 12FE4N	15
National Nurses United	for Patient Protecti	on	<u> </u>	
ADDRESS (number and street)	8630 Fenton Street, Suite	1100		
Check if different				
than previously reported. (ACC)	Silver Spring		MD	20910
2. FEC IDENTIFICATION NU	MBER ▼ CI	ITY 🛦	STATE ▲	ZIP CODE ▲
C C00490375		IS THIS REPORT X (N		AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:			Nov 20 (M11) (Non-Election Year Only) pp 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		` '		(Non-Election Year Only)
April 15 Quarterly Report (Q		or 20 (M4) Ju	ul 20 (M7) O	ct 20 (M10)
July 15 Quarterly Report (Q2	(c) 12-Day	Primary (12P)	Gener	al (12G) Runoff (12R)
October 15	Report for the:	Convention (1	2C) Specia	al (12S)
Quarterly Report (Q3 January 31 Year-End Report (YE	Floor	ion on	D D / Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	X General (30G)	Runof	(30R) Special (30S)
Termination Report (TER)	Elect	ion on 1.1	06 / 2012	in the State of CA
5. Covering Period 10	18 2012	through	11 / 26	2012
I certify that I have examined this	s Report and to the best of	of my knowledge and be	elief it is true, correct	and complete.
Type or Print Name of Treasurer	Carolyn Hietamaki			
Signature of Treasurer Caroly	yn Hietamaki	[Electronically	Filed] Date 12	/ D D / Y Y Y Y O 2012
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the perso	on signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004
Only		I I		1101. 12/2004

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name	RECEIPTS AND DISBURSEMENTS	Page 2
National Nurses United for Patient P	rotection	
Report Covering the Period: From: 10	18 2012 To:	11 26 / Y 2012
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		7254.79
(b) Cash on Hand at Beginning of Reporting Period	140549.79	
(c) Total Receipts (from Line 19)	113500.00	563500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	254049.79	570754.79
7. Total Disbursements (from Line 31)	253658.23	570363.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	391.56	391.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicand	lidate committee. (see FEC FORM 1M)	
	or further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Nurses United for Patient Protection

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(**) 11.25	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	0.00
Lines Tr(a)(i) and (ii)	7.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	113500.00	563500.00
(d) Total Contributions (add Lines	, , , , , , , , , , , , , , , , , , , ,	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	113500.00	563500.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	,	
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii Fulids (IIOIII Schedule 113)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(6) Total Transistic (add To(a) and To(2))	7	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	113500.00	563500.00
· · · · · · · · · · · · · · · · · · ·		
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	113500.00	563500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date		
1. Opera (a) A	ating Expenditures: allocated Federal/Non-Federal	Total This Period	valuitati ivai to pato	
	activity (from Schedule H4)	0.00	0.00	
(i) Federal Share	0.00	0.00	
(i	ii) Non-Federal Share	0.00	0.00	
(b) C	Other Federal Operating			
	expenditures	161.00	206.00	
	otal Operating Expenditures add 21(a)(i), (a)(ii), and (b))▶	161.00	206.00	
	fers to Affiliated/Other Party			
	nitteesbutions to	0.00	0.00	
Feder	al Candidates/Committees Other Political Committees	30000.00	117000.00	
	endent Expenditures	126670.70	241670.70	
5. Coord	Schedule E) linated Party Expenditures	126670.70	241670.70	
(2 U.S	S.C. §441a(d)) Schedule F)	0.00	0.00	
,,	,			
. Loan	Repayments Made	0.00	0.00	
'. Loans	Made	0.00	0.00	
8. Refun	ds of Contributions To: ndividuals/Persons Other			
T	han Political Committees	0.00	0.00	
(b) [Political Party Committees	0.00	0.00	
	Political Party Committees Other Political Committees	0.00	3.00	
(;	such as PACs)	0.00	0.00	
(d) T	otal Contribution Refunds			
(- /	add Lines 28(a), (b), and (c))	0.00	0.00	
`				
. Other	Disbursements	96826.53	211486.53	
. Feder	al Election Activity (2 U.S.C. §431(20))			
(a) A	Allocated Federal Election Activity			
	from Schedule H6)	0.00	0.00	
(1) Federal Share	0.00	0.00	
(i	ii) "Levin" Share	0.00	0.00	
(b) F	ederal Election Activity Paid Entirely			
(a) -	With Federal Funds	0.00	0.00	
	otal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Tetel	Dishuras monto (add Lizzz 201/z) 22			
	Disbursements (add Lines 21(c), 22, 4, 25, 26, 27, 28(d), 29 and 30(c))	253658.23	570363.23	
20, 2	., 20, 20, 27, 20(a), 20 and 00(0))	20000.20	370303.23	
	Federal Disbursements			
	act Line 21(a)(ii) and Line 30(a)(ii)	050050 00	570260.00	
irom l	Line 31)	253658.23	570363.23	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	113500.00	563500.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113500.00	563500.00
3. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	161.00	206.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	161.00	206.00

S 17

ITEMIZ	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 60 (check only one) 11a 11b X 11c 12 13 14 15 16 17
or for com		name and a	ddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
A. Natio Mailing City Washir FEC ID federal Name of	o number of contributing political committee.	State DC C Occupation Aggregate	Zip Code 20006 Year-to-Date ▼	Date of Receipt 10 26 2012 Transaction ID: C4651184 Amount of Each Receipt this Period 93000.00
B. Nation Mailing City Washing FEC ID federal Name of Receipt	o number of contributing political committee.	State DC C Occupation Aggregate	Zip Code 20006 Year-to-Date ▼ 563500.00	Date of Receipt 11 09 2012 Transaction ID : C4615204 Amount of Each Receipt this Period 8000.00
C. Nation Mailing City Washing FEC ID federal Name of Receipt P	number of contributing political committee. of Employer	State DC C Occupation Aggregate	Zip Code 20006 Year-to-Date ▼	Date of Receipt 11 09 2012 Transaction ID : C4651185 Amount of Each Receipt this Period 12000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

113000.00

	-g									
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)				NUMBI y one)		PAGE	7 O	F 60
	y information copied from such Reports and S for commercial purposes, other than using the							oliciting of	contribu	tions
	Name of Committee (In Full) National Nurses United for Patie	ent Prote	ction							
Α.	Full Name (Last, First, Middle Initial) National Nurses United			ı	Date o	f Receip	ot			
	Mailing Address 888 16th Street, NW Suite 640	0			м = м 1_1	J L	20	L.	y y y 2012	Y
	City	State DC	Zip Code 20006					4651189		
	Washington		20006	/	Amoun	t of Eac	h Red	ceipt this	Period	
	FEC ID number of contributing federal political committee.	С				,		7	500	.00
	Name of Employer	Occupation	1							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	riggrogato	Total to Bate V	-						
	Other (specify) ▼		563500.00							
	Full Name (Last, First, Middle Initial)									
В.					Date of Receipt					
	Mailing Address				M = M	/ D	D	/ Y	Y	Y
	City	State	Zip Code		Amoun	t of Eac	h Red	ceipt this	Period	
	FEC ID number of contributing federal political committee.	С				-		-		
	Name of Employer	Occupation	1							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General			1						
	Other (specify) ▼									
C.	Full Name (Last, First, Middle Initial)				Date o	f Receip	ot			
	Mailing Address				М = М	/ D	■ D	/ Y	Y	Y
	City	State	Zip Code		Λ moun	t of Eac	h Por	ceipt this	Poriod	
	FEC ID number of contributing federal political committee.	C			Amoun	or Lac	ii ned	Selpt tills	renou	
	Name of Employer	Occupation	1							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	1						

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

113500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 8 OF 60
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26
		27	28a 28b 28c 29 30
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the nan	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	5 :		
National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial)			
- Progressive Kick			Date of Disbursement
Mailing Address 1904 Franklin St			10 23 2012
Ste 725			10 20 2012
City	State Zip Code		Transaction ID : D493384
Oakland	CA 94612-2924		Hansaction ID . D493364
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		0.11	Amount of Each Biobardement the Folioc
		Category/ Type	30000.00
Office Sought: House Disburser			
Senate	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
· uni ivaine (Last, i iist, iviidde iiitiai)			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City			
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disburser	nent For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
- Naming Address			
City	State Zip Code		
Purpose of Disbursement			
		Amount of Each Disbursement this Period	
Candidate Name		Category/	
0//		Type	
Office Sought: House Disburser			
Senate President	Primary General Other (specify) ▼		
State: District:	onici (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			30000.00
TOTAL This Period (last page this line number only)			30000.00

S	CHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBEF	R:	PAGE 9 OF 60
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check o	nly one)		
			Summary Page	21		23	24 25 26
_				27		28b	28c 🗙 29 30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam						
	NAME OF COMMITTEE (In Full)						
$ \rangle$	National Nurses United for Patient	Protecti	on				
_	Full Name (Last, First, Middle Initial)					of Disburse	
Α.							
	Mailing Address 1129 20th Street, Suite 200	<u> </u>	7: 0 1		10	2	2012
	City S Washington	State DC	·			saction ID	: D493387
	Purpose of Disbursement		20030		_		
	Non-federal Independent expenditure re DC City Co	uncil candi	date		Amoui	nt of Each	Disbursement this Period
	Candidate Name			Category/ Type		,	5450.00
	Office Sought: House Disbursen Senate	nent For: Primary	General				
		Other (spe	cify) 🔻				
_	State: District:						
В.	Full Name (Last, First, Middle Initial) Campaign Workshop				Date of	of Disburse	ement
	Mailing Address 1129 20th Street, Suite 200				10		26 2012
	O'the The Oads						
		State DC	Zip Code 20036		Tran	: D484974	
	Purpose of Disbursement Non-federal Independent expenditure re DC City Council candidate				Amou	at of Each	Disbursement this Period
	Candidate Name					it of Lacif	Disbursement this Feriod
				Category/ Type			3300.00
	Office Sought: House Disbursen	nent For:					
		Primary	General				
	President State: District:	Other (spec	city) 🔻				
_	Full Name (Last, First, Middle Initial)						
C.	Campaign Workshop				Date of	of Disburse	
	Mailing Address 1129 20th Street, Suite 200				10		6 2012
	City	State	Zip Code				
	Washington	DC	20036		Tran	saction ID	: D484975
	Purpose of Disbursement Non-federal Independent expenditure RE CA State activity				A	-4 -4 -	Dishamaanaant this Davied
	Candidate Name			Category/ Type	Amoul	nt of Each	Disbursement this Period 14001.53
	Office Sought: House Disbursen	nent For:	l			,	
	Senate	Primary	General				
		Other (spe	cify) ▼				
	State: District:						
s	SUBTOTAL of Disbursements This Page (optional)			·····•			22751.53
Т	OTAL This Period (last page this line number only)			·····•			

SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 10 OF 60			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 23 24 25 2			
		27	28a 28b 28c X 29 3			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
	e and address of any point	car committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) National Nurses United for Patient I	Drotootion					
National Nurses United for Patient I	Protection					
Full Name (Last, First, Middle Initial)						
^{A.} Campaign Workshop			Date of Disbursement			
Mailing Address 1129 20th Street, Suite 200			10 25 2012			
City	State Zip Code		T ID D404000			
. rasg.c	DC 20036		Transaction ID : D484982			
Purpose of Disbursement Non-federal Independent expenditure RE ME State :	activity	· · ·	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	24075.00			
Office Sought: House Disbursem	nent For:	туре				
	Primary General					
President	Other (specify) ▼					
State: District:	•					
Full Name (Last, First, Middle Initial)						
3. Fair Wisconsin			Date of Disbursement			
Mailing Address 203 S Oaterson Street Suite 200			10 18 2012			
•	State Zip Code WI 53703		Transaction ID : D493383			
Purpose of Disbursement	33703					
Non-federal contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type	50000.00			
Office Sought: House Disbursem	nent For:					
	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Durage of Dishurage and	1					
Purpose of Disbursement						
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	ont For:	Type	7 7 1 7			
	nent For: Primary General					
	Other (specify)					
State: District:	Curior (Specify)					
2.55						
SUBTOTAL of Disbursements This Page (optional)			74075.00			
			7 7			
TOTAL This Period (last page this line number only).			96826.53			

SCI ITEN

SCHEDULE E (FEC Form 3	3 X)					
TEMIZED INDEPENDENT EXPEN	,				PAGE 11	OF 60 24 OF FORM 3X
TANKS OF COMMITTEE (In Full)					FOR LINE 2	24 OF FURIVI 3A
NAME OF COMMITTEE (In Full) National Nurses United for Pa	atient Protection				C00490375	ON NUMBER ▼
		v report Amends repo		Т	/ D D /	Y = Y = Y = Y
Full Name (Last, First, Middle Initial) of Campaign Workshop	f Payee		Date		/ D D /	Y Y Y Y Y
Mailing Address 1129 20th Street, Suite	e 200		Amou	10 int	26	2012
City	State	Zip Code	— —			
Washington	State DC	20036				25000.00
	- -				D : D484969	
Purpose of Expenditure Online advertising buy		Category/ Type	Office Sougl	ht: >	House Senate President	State: NV District: 04
Name of Federal Candidate Supported Steven A Horsford	or Opposed by Expend	liture:	Check One:	×	Support	Oppose
Calendar Year-To-Date Per Electi for Office Sou	ght	51500.00	Disbursemer 2012 Ot	nt For: ther (sp	Primary pecify)	General
Full Name (Last, First, Middle Initial) of Campaign Workshop			Date	10 ^M	/ D D /	2012
Mailing Address 1129 20th Street, Suite	e 200		Amou	nt		
City Washington	State DC	Zip Code 20036	Transa	ction II	D - D494071	25000.00
Purpose of Expenditure		~	Office Sough		D : D484971 ✓ House	State: CA
Online advertising buy Name of Federal Candidate Supported	ter Opposed by Eypen	Category/ Type	-		Senate President	District: 07
Ami Bera	OI Opposed by Expons	illure.	Check One:	<u> </u>	Support	Oppose
Calendar Year-To-Date Per Electi for Office Soug		54500.00	Disbursemen 2012 Ot	nt For: ther (sp	Primary Decify)	General
(a) SUBTOTAL of Itemized Independent	t Expenditures		· [1 7		50000.00
(b) SUBTOTAL of Unitemized Independ	lent Expenditures		· •			
(c) TOTAL Independent Expenditures			•	-		
Under penalty of perjury I certify that the	ne independent expendi	tures reported herein were	not made in o	coopera	tion, consulta	tion, or concert

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki [Electronically Filed] 06 2012 Date 12 Signature

PAGE	12	OF	
FOR L	INE 24	OF FO	ORM 3X

	TOTT LINE 24 OF TOTAL 3X				
NAME OF COMMITTEE (In Full) National Number ■					
National Nurses United for Patient Protection C C00490375					
Check if 24-hour report 48-hour report New report Amends report	ort filed on				
Full Name (Last, First, Middle Initial) of Payee	Date				
Campaign Workshop	10 26 2012				
Mailing Address 1129 20th Street, Suite 200	Amount				
City State Zip Code	Autour				
Washington DC 20036	25000.00				
	Transaction ID : D484972				
Purpose of Expenditure Online advertising buy Category/ Type	Office Sought: House State: IL Senate District: 13				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
David M Gill	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 55020.04	Disbursement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) of Payee Campaign Workshop	Date				
	10 26 2012				
Mailing Address 1129 20th Street, Suite 200	Amount				
City State Zip Code	4667.18				
Washington DC 20036					
Purpose of Expenditure Category/	Transaction ID : D484978 Office Sought:				
Purpose of Expenditure Printing Category/ Type	Senate District: 52				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
SCOTT PETERS	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 4667.18	Disbursement For: Primary General 2012 Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	> 29667.18				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed] Date	e 12 06 2012				
Signature					

PAGE	13	OF	
FOR L	NE 24	OF F	ORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection	C C00490375				
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay				
Full Name (Last, First, Middle Initial) of Payee Campaign Workshop	Date				
Mailing Address 1129 20th Street, Suite 200	10 26 2012				
	Amount				
City State Zip Code Washington DC 20036	26800.00 Transaction ID : D484979				
Purpose of Expenditure Website design & online advertising buy Category/ Type Offi	ice Sought: House State: CA Senate District: 41				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
	eck One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 33781.49 Dis	bursement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date 11 03 2012				
Mailing Address 945 Camelia St	Amount				
City State Zip Code	674.88				
Berkeley CA 94710-1437	Transaction ID : D486201				
Purpose of Expenditure Category/ Offi	ice Sought: House State: CA				
Type	Senate District: 41 President				
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO Characteristics of the Company of	eck One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 33781.49 Dis	bursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	27474.88				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed] Date	12 06 2012				
Signature	للتنالتا				

PAGE	14	OF	60
FOR L	INE 24	OF	FORM 3X

	I ON EINE 24 OF FORTIVE SX				
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER					
Table Table Comment of Famous Francisco	C C00490375				
Check if 24-hour report 48-hour report New report Amends report	rt filed on M M / D D / Y Y Y Y				
Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date				
	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 945 Camelia St					
City State 7in Code	Amount				
City State Zip Code Berkeley CA 94710-1437	674.88				
Purpose of Expenditure Printing Category/	Office Sought: House State:				
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 00 President				
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee National Nurses United	Date 11 03 2012				
Mailing Address 2000 Franklin Street	Amount				
City State Zip Code	677.11				
Oakland CA 94612	Transaction ID : D493385				
Purpose of Expenditure Reimbursement Staff Time - 24hr reported on 11/3/12 Category/ Type	Office Sought: House State: Senate District: 00				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
Barack Obama	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	1351.99				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	>				
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.					
Carolyn Hietamaki	M M / D D / Y Y Y Y				
Signature [Electronically Filed] Date	12 06 2012				

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Carolyn Hietamaki

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 15 OF 60
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if 24-hour report 48-hour report New report Amends report	ort filed on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee National Nurses United	Date 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2000 Franklin Street	Amount
City State Zip Code Oakland CA 94612	677.11 Transaction ID : D493386
Purpose of Expenditure Reimbursement Staff Time - 24hr reported on 11/3/12 Category/ Type Name of Endorel Condidate Supported or Opposed by Expenditure	Office Sought: House State: CA Senate District: 41 President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Adela Rendon	Date 11 08 2012
Mailing Address 1748 Curtis	Amount
City State Zip Code Loma Linda CA 92354	105.00 Transaction ID : D486954
Purpose of Expenditure Canvass labor-24 hr reported on 11/3/12 Category/ Type	Office Sought: House State: CA Senate District: 41 President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	> 782.11
(b) SUBTOTAL of Unitemized Independent Expenditures	· •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent committee) any political party committee or its agent.	

[Electronically Filed]

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Date

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2012

SC	CHEDULE E (FEC Form 3X)			
	MIZED INDEPENDENT EXPENDITURES		PAGE 16 FOR LINE	OF 60 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)		FEC IDENTIFICAT	ION NUMBER ▼
N	ational Nurses United for Patient Protection			ION NOBE
			C C00490375	
Σhe	eck if 24-hour report 48-hour report New report Amends report		M = M / D = D /	Y - Y - Y - Y
$ begin{array}{c} beg$	Full Name (Last, First, Middle Initial) of Payee Adela Rendon	Date		
		7	M / D D /	2012
	Mailing Address 1748 Curtis	L	" "	2012
	ı	Amou	unt	
	City State Zip Code			105.00
	Loma Linda CA 92354	Trans	action ID : D486955	100.00
	Purpose of Expenditure Category/	Office Soug		State:
	Canvass labor-24 hr reported on 11/3/12 Category/ Type		Senate	District: 00
	Name of Federal Candidate Supported or Opposed by Expenditure:		X President	
	Barack Obama	Check One:	e: Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburseme 2012 O	ent For: Primary Other (specify)	General
1	Full Name (Last, First, Middle Initial) of Payee	Date		
	Aileen Villarreal		M M / D D /	2012
	Mailing Address 24480 Tyann CT	Amou		
1	City State Zip Code		, , , , , , , , , , , , , , , , , , ,	
Ì	Moreno Valley CA 92551		7	65.00
		Transa Office Soug	action ID : D486956	Ctata.
	Purpose of Expenditure Canvass labor-24 hr reported on 11/3/12 Category/ Type	Office Soug	ght: X House Senate	District: 41
1	Name of Federal Candidate Supported or Opposed by Expenditure:		President	
	MARK TAKANO	Check One:	e: Support	Oppose
Ì	Calendar Year-To-Date Per Election	Disburseme	ent For: Primary	General
	for Office Sought 33781.49	2012	Other (specify)	
_				
,	(a) SUBTOTAL of Itemized Independent Expenditures			170.00
	, , , ,			
((b) SUBTOTAL of Unitemized Independent Expenditures	. •		
((c) TOTAL Independent Expenditures	· -	7 7	
_				
	Under penalty of perjury I certify that the independent expenditures reported herein were rewith or at the request or suggestion of any candidate or authorized committee or agent of		•	

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki	[Electronically Filed]	Date	12	/	06	1	2012
Signature							

PAGE 17 OF 60 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
C00490375
/ D = D / Y = Y = Y
/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
65.00 n ID : D486957 House State:
Consts

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed of	on Mam / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee Aileen Villarreal	Date
Mailing Address 24480 Tyann CT	11 08 2012 Amount
City State Zip Code	
Moreno Valley CA 92551	65.00
	Sought: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President —
Barack Obama Check	
Calendar Year-To-Date Per Election for Office Sought Disbur 2012	rsement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Andrew Landroble	Date 11 08 2012
Mailing Address 1748 Curtis	Amount
City State Zip Code Loma Linda CA 92354	65.00
	Sought: House State: CA Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO Check	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49 Disbur 2012	rsement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	11711711
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE	18	OF	60 ORM 3X
FOR	LINE 24	OF F	ORM 3X

	TOTT LINE 24 OF TOTAL 3X				
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection					
C C00490375					
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y				
Full Name (Last, First, Middle Initial) of Payee Andrew Landroble	Date				
Andrew Landroble	M M / D D / Y Y Y				
Mailing Address 1748 Curtis	11 08 2012				
	Amount				
City State Zip Code Loma Linda CA 92354	65.00				
Divinose of Evneralities	Transaction ID : D486980 Office Sought: House State:				
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00				
	Check One: Support Oppose				
	Disbursement For: Primary General				
	Other (specify)				
Full Name (Last, First, Middle Initial) of Payee Armando Euevano	Date				
Mailing Address 4219 N Mt View	11 08 2012				
	Amount				
City State Zip Code San Bernardino CA 92410	105.00				
Demonstrate of English Physics	Transaction ID : D486981 Office Sought: ✓ House State: CA				
Category/ Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate District: 41				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
MARK TAKANO	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General 2012 Other (specify)				
(a) CURTOTAL of Itamized Independent Eveneditures	470.00				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed] Date	12 06 2012				
Signature					

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3(CHEDULE E (FEC Form 3X)	
ΤE	EMIZED INDEPENDENT EXPENDITURES	PAGE 19 OF 60 FOR LINE 24 OF FORM 3X
٧£	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ν	lational Nurses United for Patient Protection	
_		C C00490375
Ch	neck if 24-hour report 48-hour report New report Amends report	ort filed on
	Full Name (Last, First, Middle Initial) of Payee	Date
-	Armando Euevano	M = M / D = D / Y = Y = Y
-	Mailing Address 4219 N Mt View	11 08 2012
1	4219 N IVIL VIEW	Amount
-	City State Zip Code	105.00
-	San Bernardino CA 92410	105.00 Transaction ID : D486983
ļ	Purpose of Expenditure Category/ Category/	Office Sought: House State:
ļ	Canvass labor-24hr reported on 11/3/12 Type	Senate District: 00
ļ	Name of Federal Candidate Supported or Opposed by Expenditure:	President —
	Barack Obama	Check One: Support Oppose
-	Calendar Year-To-Date Per Election	Disbursement For: Primary General
-	for Office Sought 6981.50	2012 Other (specify)
-	Full Name (Last, First, Middle Initial) of Payee	Date
-	Ashley Schade	M M / D D / Y Y Y Y
ļ	Mailing Address 22480 tyann ct	08 2012
	ZZ400 tyanii ct	Amount
ļ	City State Zip Code	40.00
-	Moreno Valley CA 92551	Transaction ID : D486987
ļ	Purpose of Expenditure Capyass labor 24br reported on 11/3/12 Category/	Office Sought: House State: CA
ļ	Canvass labor-24hr reported on 11/3/12	Senate District: 41
ļ	Name of Federal Candidate Supported or Opposed by Expenditure:	President
-	MARK TAKANO	Check One: Support Oppose
ļ	Calendar Year-To-Date Per Election	Disbursement For: Primary General
ļ	for Office Sought 33781.49	Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	▶ 145.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	•
	(c) TOTAL Independent Expenditures	•
_		
	Under penalty of perjury I certify that the independent expenditures reported herein were in	not made in cooperation, consultation, or concert
	with, or at the request or suggestion of, any candidate or authorized committee or agent of	

party committee) any political party committee or its agent.

Carolyn Hietamaki	[Electronically Filed]	Date	12	/ 06	D /	2012
Signature						

PAGE	20	OF	60	
FOR L	INE 24	OF I	FORM	ЗХ
CNITICI	CATION	I NIII	MDED	_

	TOTT EINE 24 OF TOTTIVI 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Check if 24-hour report 48-hour report New report Amends report to	filed on Mam / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee Ashley Schade	Date
	11 08 2012
Mailing Address 22480 tyann ct	
City State Zip Code	Amount
Moreno Valley CA 92551	40.00 Transaction ID : D486988
	Office Sought: House State:
Type	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: Support Oppose
Baradi Osama	
	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Atavia Mayfield	11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 23335 Stony Creek Way	Amount
City State Zip Code	65.00
Moreno Valley CA 92557	7 7
Purpose of Expenditure Category/ Category/	Transaction ID : D486990 Office Sought:
Canvass labor-24hr reported on 11/3/12	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO	Check One: Support Oppose
Calendar fear-10-Date Per Election	Disbursement For: Primary General 012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of experty committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature	

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PAGE	OF	60	

	TOTT EINE 24 OF TOTAIN 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Atavia Mayfield	Date
	11 08 2012
Mailing Address 23335 Stony Creek Way	Amount
City State Zip Code Moreno Valley CA 92557	65.00
Purpose of Expenditure Category/	Transaction ID : D486991 Office Sought: House State:
Carivass labor-24fil reported on 11/3/12	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: Support Oppose
	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Britney Landroble	Date 11 08 2012
Mailing Address 1748 Curtis	Amount
City State Zip Code	
Loma Linda CA 92354	65.00
Description of Ferrina Physics	Transaction ID : D486992 Office Sought:
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO	Check One: Support Oppose
Calendar fear-10-Date Per Election	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	12 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE	22	OF	60 ORM 3X
FOR L	INE 24	OF F	ORM 3X

	TOTT LINE 24 OF TOTTWO 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report	ort filed on Mam / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee	Date
Britney Landroble	11 08 2012
Mailing Address 1748 Curtis	Amount
City State Zip Code	
Loma Linda CA 92354	65.00
Purpose of Expenditure	Transaction ID : D486993 Office Sought: House State:
Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President —
Barack Obama	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Christopher Sutton	11 08 2012
Mailing Address 685 DeAnza Drive	Amount
City State Zip Code	
San Jacinto CA 92583	50.00
Purpose of Expenditure Category/	Transaction ID : D486994 Office Sought:
Category/ Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
MARK TAKANO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· • · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	e 12 06 2012
Signature	

Signature

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 23 OF 60
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Fatient Frotection	C C00490375
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name (Last, First, Middle Initial) of Payee Christopher Sutton	Date
Mailing Address 685 DeAnza Drive	11 08 2012 Amount
City State Zip Code	
San Jacinto CA 92583	50.00 Transaction ID : D486997
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Barack Obama	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Dominique Flowers	Date 11 08 2012
Mailing Address 224 Coliseum Street	Amount
City State Zip Code	65.00
Perris CA 92571	Transaction ID : D486999
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: CA Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	·· •
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Carolyn Hietamaki	M = M / D = D / Y = Y = Y

[Electronically Filed]

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Date

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PAGE	24	OF	- 00	
FOR L	INE 24	OF F	ORM	ЗХ

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee Dominique Flowers	Date
· ·	11 08 2012
Mailing Address 224 Coliseum Street	Amount
City State Zip Code	
Perris CA 92571	65.00
	Transaction ID : D487001 ffice Sought: House State:
Canvass labor-24hr reported on 11/3/12 Type	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	Y President
Barack Obama Ch	neck One: Support Oppose
	sbursement For: Primary General
for Office Sought 6981.50 201	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Donnie Atkins	11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1520 W Virginia	Amount
City State Zip Code	Amount
San Bernardino CA 92411	40.00
Purpose of Expenditure Category/ Of	Transaction ID : D487004 ffice Sought:
Canvass labor-24hr reported on 11/3/12 Type	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO Ch	heck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	sbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature Date	2012

PAGE	25	OF	60	٦		
FOR LI	NE 24	OF FO	ORM 3X			
ENTIFICATION NUMBER ▼						

	TOTT EINE 24 OF TOTTIVI 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Check if 24-hour report 48-hour report New report Amends report f	filed on Mam / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee Donnie Atkins	Date
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1520 W Virginia	Amount
City State Zip Code	
San Bernardino CA 92411	40.00 Transaction ID : D487005
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Time	Office Sought: House State:
Type	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: Support Oppose
	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Elizabeth Ammons	M M / D D / Y Y Y Y
Mailing Address 1348 Davidson	11 08 2012 Amount
City State Zip Code	105.00
San Bernardino CA 92411	7 7
Purpose of Expenditure Category/ Category/	Transaction ID : D487008 Office Sought:
Canvass labor-24hr reported on 11/3/12 Type	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO	Check One: Support Oppose
Calendar fear-10-Date Per Election	Disbursement For: Primary General Other (specify)
() QUIDTOTAL ():	1000
(a) SUBTOTAL of Itemized Independent Expenditures	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature	2012

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Carolyn Hietamaki

Signature

36	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES	PAGE 26 C FOR LINE 24 OF	F 60 F FORM 3X
N/	AME OF COMMITTEE (In Full)	I	
	lational Nurses United for Patient Protection	FEC IDENTIFICATION N	UMBER ▼
		C C00490375	
Ch	eck if 24-hour report 48-hour report New report Amends repo		Y W Y W Y
	Full Name (Last, First, Middle Initial) of Payee	Date	
	Elizabeth Ammons		YYY
	Mailing Address 1348 Davidson	11 08	2012
		Amount	
	City State Zip Code San Bernardino CA 92411		105.00
	32111	Transaction ID : D487010	ate:
	Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Sanata	
	Name of Federal Candidate Supported or Opposed by Expenditure:	President Dist	rict:
	Barack Obama	Check One: Support	Oppose
	Calendar Year-To-Date Per Election 6981.50	2012	General
	for Office Sought	Other (specify)	
	Full Name (Last, First, Middle Initial) of Payee Ethel Rowe	Date	
		11 08 / Y	2012 Y
	Mailing Address 26664 Bruce Ave	A	
	City State Zip Code	Amount	
	Highland CA 92346		60.00
	Purpose of Expenditure Category/ Category/	Transaction ID : D487011 Office Sought:	ate: CA
	Canvass labor-24hr reported on 11/3/12 Type	Senate Dist	rict: 41
	Name of Federal Candidate Supported or Opposed by Expenditure:	President	
	MARK TAKANO	Check One: Support	Oppose
	Calendar Year-To-Date Per Election	Disbursement For: Primary X	General
	for Office Sought	Other (specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures)	165.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
		7	
	(c) TOTAL Independent Expenditures	•	
	Under penalty of perjury I certify that the independent expenditures reported herein were	not made in cooperation consultation	or concert
	with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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2012

PAGE	27	OF	60 ORM 3X
FOR L	INE 24	OF FO	ORM 3X

	TOTI LINE 24 OF FORTING SX
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee Ethel Rowe	Date
Liner News	11 08 / Y Y Y Y Y Y
Mailing Address 26664 Bruce Ave	Amount
City State Zip Code	
Highland CA 92346	60.00 Transaction ID : D487013
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Barack Obama	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Helena Johnson	Date 11 08 2012
Mailing Address 12830 Mar Vista	11 08 2012 Amount
City State Zip Code Apple Valley CA 92308	40.00
D (5 %)	Transaction ID : D487015 Office Sought:
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO	Check One: President Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.	
Carolyn Hietamaki	M M / D D / Y Y Y Y
Signature [Electronically Filed] Date	12 06 2012

Signature

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 28 OF 60
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
Trational Trainos Offica for Factoria Figure 1	C C00490375
Check if 24-hour report 48-hour report New report Amends report f	filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Helena Johnson	Date
Mailing Address 12830 Mar Vista	11
Chata Zin Codo	Amount
City State Zip Code Apple Valley CA 92308	40.00
7.44.0 14.10)	Transaction ID : D487016
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: Senate District: 00
Туре	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure:	• •
Barack Obama C	Check One: Support Oppose
Calcilual lear-10-Date i el Liectioni	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Japrice Williams	Date
· · · · · · · · · · · · · · · · · · ·	11 M
Mailing Address 1348 Davidson	Amount
City State Zip Code	-
San Bernardino CA 92411	40.00
Barrana of Francisco	Transaction ID : D487019 Office Sought: V House State: CA
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate Service
	President District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
MARK TAKANO	Support Oppose
	Disbursement For: Primary General O12 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	

Carolyn Hietamaki [Electronically Filed] 12 06 2012 Date

NAME OF COMMITTEE (In Full)

PAGE 29 OF 60 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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40.00
tion ID : D487021 ht: House State: Senate District: 00 President Support Oppose
nt For: Primary General ther (specify)
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65.00
ht: House State: CA Senate District: 41 President Oppose
nt For: Primary General ther (specify)

National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Japrice Williams	Date
Mailing Address 1348 Davidson	Amount 08 2012
City State Zip Code San Bernardino CA 92411	40.00
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: Support Oppose
Odienudi redi ro-date i el Liection	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Keith Houston	Date 11 08 2012
Mailing Address 1748 Curtis	Amount
City State Zip Code Loma Linda CA 92354	65.00 Transaction ID : D487024
Canvass labor-24hr reported on 11/3/12 Category Type	Office Sought: House State: CA Senate District: 41 President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO	Check One: Support Oppose
Valendal teal-10-date fel flection	Disbursement For: Primary General 012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date Signature	12 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 0	FEC Schedule F (Form 3Y) Rev. 07/2011

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M / D	08	^Y 2012	2
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	87025 use nate	State:	
-	nate esident	District:	00
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For: F	Primary	X Gen	eral

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Keith Houston	M M / D D / Y Y Y Y
Mailing Address 1748 Curtis Amo	11 08 2012
City State Zip Code Loma Linda CA 92354	65.00
	Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President 00
Barack Obama Check One	Support Oppose
Calendar Year-To-Date Per Election for Office Sought 500 6981.50 Disbursement Control of	ent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Date	,
Kimberly Guevara	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 24490 Tyann Ct Amo	التنا لتا
City State Zip Code Moreno Valley CA 92551	105.00 saction ID : D487027
Purpose of Expenditure Canvass labor-24hr on reported 11/3/12 Category/ Type Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO Check One	President
Calendar Year-To-Date Per Election for Office Sought Disbursem 2012	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	171171171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date 12	06 2012
Signature	2012

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FOR L	INF 24	1 OF FO)RM	3X
PAGE		OF	60	

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
TVALIONAL INVISES ONLEG TO FALICITE FIOLECTION	C C00490375
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee Kimberly Guevara	Date
Mailing Address 24490 Tyann Ct	11 / 08 / 2012
	Amount
City State Zip Code Moreno Valley CA 92551	105.00 Transaction ID : D487030
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Of	fice Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	neck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Discount 6981.50	sbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Lincele Williams	Date 11 08 2012
Mailing Address 2130 Sepulveda	Amount
City State Zip Code San Bernardino CA 92404	40.00
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Of	fice Sought: House State: CA Senate Dietrict
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 41
	neck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	sbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	12 06 2012
Signature	

PAGE	32	OF	60	٦
FOR LI	NE 24	OF FO	ORM 3X	
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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼					
C coo490375					
Check if 24-hour report 48-hour report New report Amends report	i filed on				
Full Name (Last, First, Middle Initial) of Payee Lincele Williams	Date				
	11 08 2012				
Mailing Address 2130 Sepulveda					
City State Zip Code	Amount				
San Bernardino CA 92404	40.00				
Purpose of Expenditure Converse labor 24by reported on 44/2/42 Category/	Transaction ID : D487035 Office Sought: House State:				
Type	Senate District: 00				
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: Support Oppose				
вагаск Овапта					
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date				
Marc Landroble	11 08 2012				
Mailing Address 1748 Curtis	Amount				
City State Zip Code	65.00				
Loma Linda CA 92354	Transaction ID : D487037				
Purpose of Expenditure Canvass labo-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: CA				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 41				
MARK TAKANO	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General 2012 Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	105.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed] Date	12 06 2012				
Signature					

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 33 OF 60			
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X			
National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼			
Transfer transce officer for transcent from the first form to the	C C00490375			
Check if 24-hour report 48-hour report New report Amends repo	ort filed on			
Full Name (Last, First, Middle Initial) of Payee Marc Landroble	Date			
Mailing Address 1748 Curtis	Amount 08 2012			
City State Zip Code				
Loma Linda CA 92354	65.00			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/	Transaction ID : D487038 Office Sought: House State:			
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 00 President			
Barack Obama	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Megan Tausinga	Date 11 08 2012			
Mailing Address 2223 Nicolet street	11			
City State Zip Code	20.00			
Banning CA 92220	60.00			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: CA			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 41			
MARK TAKANO	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 125.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.				
Carolyn Hietamaki	M = M / D = D / Y = Y = Y			

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Date

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	PAGE 34 OF 60 FOR LINE 24 OF FORM 3X			
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NAME OF COMMITTEE (In Full) Netional Number ■ FEC IDENTIFICATION NUMBER ■				
National Nurses United for Patient Protection C c00490375				
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y			
Full Name (Last, First, Middle Initial) of Payee Megan Tausinga	Date			
Mailing Address 2223 Nicolet street	11 08 2012 Amount			
City State Zip Code Banning CA 92220	60.00 Transaction ID : D487040			
	Sought: House State: Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Chec	k One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Disbut 2012	ursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Monica Alameda	Date M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1282 1/2 Davidson av	Amount			
	80.00 Transaction ID : D487043			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Office	Senate District: 41			
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO Chec	President Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 33781.49 Disbu	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	140.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Carolyn Hietamaki [Electronically Filed] Date	2 06 2012			
Signature				

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Carolyn Hietamaki

Signature

CHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 35 OF 60 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	<u> </u>
National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report	filed on / _D = D / Y = Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Monica Alameda	Date
Mailing Address 1282 1/2 Davidson av	11 08 2012
	Amount
City State Zip Code San Bernardino CA 92411	80.00
	Transaction ID : D487044 Office Sought: House State:
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00
	Check One: Support Oppose
Calcillati teat-10-bate i et Liectioni	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Reynaldo Hildalgo	11 08 2012
Mailing Address 24490 Tyann Ct	
	Amount
City State Zip Code	40.00
Moreno Valley CA 92557	Transaction ID : D487045
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: CA
	President District: 41
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO	Check One: Support Oppose
Wild Till Will	
	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	

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Date

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection C c00490375				
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay			
Full Name (Last, First, Middle Initial) of Payee Reynaldo Hildalgo	Date			
Mailing Address 24490 Tyann Ct	11			
City State Zip Code Moreno Valley CA 92557	40.00 Transaction ID : D487046			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Off	ice Sought: House State: Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Ch	eck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Dis 2012	sbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Robert McAllister	Date Date			
Mailing Address 7125 Nixon Drive	Amount			
City State Zip Code Riverside CA 92504	40.00 Transaction ID : D487047			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Off	House State: CA Senate District: 41			
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO Ch	eck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Dis 33781.49	sbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	80.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
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Signature				

PAGE 37 FOR LINE 2	OF 60 4 OF FORM 3X
C C00490375	ON NUMBER ▼
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on ID : D487048 House Senate President Support	40.00 State: District: 00 Oppose
For: Primary	General

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Check if 24-hour report 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Robert McAllister	Date
Mailing Address 7125 Nixon Drive	11 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	Amount
Riverside CA 92504	40.00 Transaction ID : D487048
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Of	ffice Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Cl	President heck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 6981.50	isbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Robert Davis	Date 11 08 2012
Mailing Address 2223 w Nicolet	Amount
City State Zip Code Banning CA 92220	60.00 Transaction ID : D487049
Purpose of Expenditure Canvass labor-24hr reported on11/3/12 Category/ Type	ffice Sought: House State: CA Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO CI	President heck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	isbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature Date	12 06 2012

Check if

NAME OF COMMITTEE (In Full)

24-hour report

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

National Nurses United for Patient Protection

48-hour report

PAGE 38 OF 60 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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60.00 action ID : D487050
ht: House State:
Senate District: 00 President
: Support Oppose
nt For: Primary General
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int
40.00
action ID : D487051 ht:
Senate District: 41 President
: Support Oppose
ent For: Primary General
100.00

Full Name (Last, First, Middle Initial) of Payee	Date
Robert Davis	M M / D D / Y Y Y
Mailing Address 2223 w Nicolet	08 2012
2223 w Nicolet	Amount
City State Zip Code	Allount
Banning CA 92220	60.00
	Transaction ID : D487050 Office Sought: House State:
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Consts
	President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	
Barack Obama	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought 6981.50	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
Sabrina Carter	Date
	11 08 2012
Mailing Address 13644 Cope Court	
	Amount
City State Zip Code	40.00
Moreno Valley CA 92553	Transaction ID : D487051
Purpose of Expenditure Category/	Office Sought: House State: CA
Canvass labor-24hr reported on 11/3/12	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO	Check One: Support Oppose
Colonday Vacy To Data Day Floation	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought 33781.49	2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· · [] [] [] [] [] [] [] [] [] [
(c) TOTAL Independent Expenditures	>
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Hadron and the of making Landfelder that the fact is the second of the s	and an electronic state of the control of the contr
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o	
party committee) any political party committee or its agent.	the state of the s
Carolyn Hietamaki [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature [Electronically Filea] Date	9 12 06 2012
	FEC Schedule E (Form 3X) Rev. 07/2011

New report

Amends report filed on

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HEDULE E (FEC Form 3X)			
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TEMIZED INDEPENDENT EXPENDITURES	PAGE 39 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report file	d on
Full Name (Last, First, Middle Initial) of Payee Sabrina Carter	Date
Mailing Address 13644 Cope Court	11 08 2012
City Code 7in Code	Amount
City State Zip Code Moreno Valley CA 92553	40.00
District Care of Expanditure	Transaction ID : D487052 ce Sought: House State:
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Offi	Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00
	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Dis 2012	bursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Starla Rollins	11 08 2012
Mailing Address 26664 Bruce Ave	Amount
City State Zip Code	70.00
Highland CA 92346	Transaction ID : D487053
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	ce Sought: House State: CA
	President District: 41
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49 Dis	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1171171171
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	·
	12 06 2012
Signature	

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DENTIFIC	CATIO	N NUM	BER ▼	

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼			
ivational Nuises Office for Patient Protection	C C00490375			
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay			
Full Name (Last, First, Middle Initial) of Payee Starla Rollins	Date			
Staria ixulliis	11 08 2012			
Mailing Address 26664 Bruce Ave	11			
	Amount			
City State Zip Code Highland CA 92346	70.00			
Divinage of Evinanditure	Transaction ID : D487054 fice Sought: House State:			
Category/ Type Category/ Type	Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
	neck One: Support Oppose			
	sbursement For: Primary General			
for Office Sought 6981.50	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
Tabitha George	11 08 2012			
Mailing Address 2223 w Nicolet				
City State Zip Code	Amount			
Banning CA 92220	60.00			
	Transaction ID : D487055 fice Sought: House State:			
Canvass labor-24hr reported on 11/3/12 Type	Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	X President			
Barack Obama Ch	neck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Display 6981.50	sbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	130.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
Carolyn Hietamaki [Electronically Filed]	12 06 2012			
Signature Date	12 00 2012			

PAGE FOR I		OF 4 OF F	60 FORM	3X
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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee	Date
Tabitha George	11 08 2012
Mailing Address 2223 w Nicolet	
City State Zip Code	Amount
Banning CA 92220	60.00
Purpose of Expenditure Converse labor 24th reported on 11/2/42 Category/	Transaction ID : D487056 Office Sought: House State: CA
Canvass labor-24hr reported on 11/3/12 Type	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee Chrisandra Mayer	Date
,	11 08 / Y Y Y Y Y
Mailing Address 19180 Catalina Road	Amount
City State Zip Code	
Apple Valley CA 92308	48.00 Transaction ID : D487057
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: CA
Туре	Senate District: 41 President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO	Check One: Support Oppose
WARN TANANO	
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	108.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
(c) TOTAL independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	12 06 2012
Signature Date	.2 00 2012

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DENTIFI	CATION	NUM	BER ▼	

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report	t filed on Mam / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee Chrisandra Mayer	Date
	11 08 2012
Mailing Address 19180 Catalina Road	Amount
City State Zip Code	49.00
Apple Valley CA 92308	48.00
Purpose of Expenditure Category/	Transaction ID : D487058 Office Sought: House State:
Category/ Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	
Barack Obama	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Jack Simmons	Date
	11 / 08 / Y Y Y Y Y Y
Mailing Address 25173 Joshua	Amount
City State Zip Code	20.00
Moreno Valley CA 92553	60.00
Purpose of Expenditure Category/	Transaction ID : D487059 Office Sought:
Category/ Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
MARK TAKANO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	108.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	12 06 2012
Signature [Electronically Filea] Date	12 00 2012

PAGE	43	OF	60	(
FOR LI	NE 24	OF F	DRM 3X	
DENTIFIC	CATIO	N NUM	BER ▼	

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Protection	C C00490375		
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y		
Full Name (Last, First, Middle Initial) of Payee Jack Simmons Date	M M		
Mailing Address 25173 Joshua Amor	11 08 2012 unt		
City State Zip Code Moreno Valley CA 92553	60.00		
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Office Sough	ght: House State: Senate District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check One	President Oppose		
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012	ent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee Rafael Morales Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 36648 Ranch House Road Amou	التنالتا		
City State Zip Code Murrieta CA 92563 Trans	126.00 action ID : D487065		
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Office Sough	Senate District: 41		
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO Check One	President Support Oppose		
Calendar Year-To-Date Per Election for Office Sought 33781.49 Disburseme	ent For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	186.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	171171171		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.			
Carolyn Hietamaki [Electronically Filed] Date Signature	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
- y			

PAGE -	44	OF	60
PAGE FOR LIN	E 24 C	OF FOF	RM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection	C C00490375			
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay			
Full Name (Last, First, Middle Initial) of Payee Rafael Morales	Date			
Talaci Woralco	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 36648 Ranch House Road	Amount			
City State Zip Code	Amount			
Murrieta CA 92563	126.00 Transaction ID : D487066			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Off	fice Sought: House State:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00			
	neck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Dis 201:	sbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Sabrina Taylor	Date 11 08 2012			
Mailing Address 2309 E 118th Street	Amount			
City State Zip Code	126.00			
Los Angeles CA 90059	Transaction ID : D487067			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	fice Sought: House State: CA Senate District: 41			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
MARK TAKANO Ch	neck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Dis 33781.49	sbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	252.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
Carolyn Hietamaki [Electronically Filed] Date	12 06 2012			
Signature				

PAGE	45	OF	60	
FOR LI	NE 24	OF FO	DRM 3X	
DENTIFIC	CATIO	N NUM	BER ▼	

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Notional Nurses United for Detiont Dretection				
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dad / Yayayay			
Full Name (Last, First, Middle Initial) of Payee Sabrina Taylor	Date			
Mailing Address 2309 E 118th Street	11			
City State Zip Code Los Angeles CA 90059	126.00 Transaction ID : D487068			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Off	ice Sought: House State: Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Ch	eck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought Dis 2012	bursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Thalia Moore	Date 11 08 2012			
Mailing Address 1749 Curtis	Amount			
City State Zip Code Loma Linda CA 92354	144.00 Transaction ID : D487069			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Off	ice Sought: House State: CA Senate District: 41			
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO Ch	eck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 33781.49	sbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	270.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
	12 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

NAME OF COMMITTEE (In Full)

PAGE 46 FOR LINE 2	OF 60 24 OF FORM 3X
FEC IDENTIFICATION	
C C00490375	
/ D = D /	Y Y Y Y Y
11 / 08 /	2012
	144.00
ht: House Senate President Support	State: District: 00 Oppose
nt For: Primary	General
11 / 14	^Y 2012
nt	520.09
action ID : D488081	State: W/I
ht: House Senate President	District: 00
Support	Oppose
nt For: Primary	General

National Nurses United for Patient Protection	C C00490375			
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report				
Full Name (Last, First, Middle Initial) of Payee Thalia Moore	Date			
Mailing Address 1749 Curtis	11 08 2012 Amount			
City State Zip Code Loma Linda CA 92354	144.00			
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type	Office Sought: House State: Senate District: Office Sought			
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date			
Mailing Address 945 Camelia St	11			
City State Zip Code Berkeley CA 94710-1437	520.09 Transaction ID : D488081			
Purpose of Expenditure Printing Category/ Type	Office Sought: House State: WI Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN	Check One: President Oppose			
Calendar Year-To-Date Per Election for Office Sought 520.09	Disbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	664.09			
(b) SUBTOTAL of Unitemized Independent Expenditures	·			
(c) TOTAL Independent Expenditures	•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Carolyn Hietamaki [Electronically Filed] Date Signature	12			
- Cignaturo	FEC Schedule E (Form 3X) Rev. 07/2011			

	PAGE 47 OF 60 FOR LINE 24 OF FORM 3X
÷	DENTIFICATION NUMBER ▼
	C00490375
]	14 2012
	520.04

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Autumn Press	te
Mailing Address 945 Camelia St	11 14 2012
City State Zip Code	
Berkeley CA 94710-1437	520.04
Tran	nsaction ID : D488082
Purpose of Expenditure Printing Category/ Type Office So	Senate District: 26
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Julia Brownley Check O	
Calendar Year-To-Date Per Election for Office Sought 30020.04 Disburser 2012	ment For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Autumn Press	te 11 14 2012
Mailing Address 945 Camelia St Am	nount
City State Zip Code	520.04
Berkeley CA 94710-1437	nsaction ID : D488084
Purpose of Expenditure Printing Category/ Type Office So	ought: House State: MI
	President District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: John Conyers Check O	ne: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 520.04 Disburser 2012	ment For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1040.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date 12	06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE	48	OF	60	
FOR L	INE 24	OF FO	DRM 3X	٦
ENTIFI	CATIO	N NUM	BER ▼	1

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼			
	C C00490375			
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date			
	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1			
Mailing Address 945 Camelia St	Amount			
City State Zip Code				
Berkeley CA 94710-1437	520.04 Transaction ID : D488085			
	e Sought: House State: ME Senate District: 00			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
CYNTHIA ANN DILL Chec	ck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 520.04 Disb	ursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date 11 14 2012			
Mailing Address 945 Camelia St	11 14 2012 Amount			
City State Zip Code	520.04			
Berkeley CA 94710-1437	Transaction ID : D488086			
Purpose of Expenditure Printing Category/ Type Office	e Sought: House State: MN Senate District: 05			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
KEITH MAURICE ELLISON Chec	ck One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 520.04 Disb	ursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1040.08			
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.				
Carolyn Hietamaki [Electronically Filed] Date 1	2 06 2012			
Signature	2012			

17

Carolyn Hietamaki

Signature

	CHEDULE E (FEC Form 3X)				
	EMIZED INDEPENDENT EXPENDITURES			PAGE 49 FOR LINE 2	OF 60 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC II	DENTIFICATION	ON NUMBER ▼
N	lational Nurses United for Patient Protection		С	C00490375	
 Ch	neck if 24-hour report 48-hour report New report Amends report	oort filed on	M = M	/ D D /	Y Y Y Y Y
	Full Name (Last, First, Middle Initial) of Payee Autumn Press	Dat	M M	/ D D /	YYYYY
	Mailing Address 945 Camelia St	Am	11 nount	14	2012
	City State Zip Code				
	Berkeley CA 94710-1437			D : D488087	520.04
	Purpose of Expenditure Printing Category/ Type	Office So	ught:	House Senate	State: IL District: 13
	Name of Federal Candidate Supported or Opposed by Expenditure:	-		President	
	David M Gill	Check Or	ne:	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 55020.04	Disburser 2012	ment For: Other (sp	Primary Decify)	General
	Full Name (Last, First, Middle Initial) of Payee Autumn Press	Dat	M = M	/ D D /	Y Y Y Y Y 2012
	Mailing Address 945 Camelia St	Am	11 nount	14	2012
	City State Zip Code		•		
	Berkeley CA 94710-1437			D : D488088	520.04
	Purpose of Expenditure Printing Category/ Type	Office So	ught:	House Senate President	State: FL District: 09
	Name of Federal Candidate Supported or Opposed by Expenditure:	21	_ _		
	ALAN MARK GRAYSON	Check Or		Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disburser 2012	ment For: Other (sp	Primary Decify)	General
	(a) SUBTOTAL of Itemized Independent Expenditures	··· •			1040.08
	(b) SUBTOTAL of Unitemized Independent Expenditures	···· >		7	
_	(c) TOTAL Independent Expenditures	···· • [7		
,	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.				

[Electronically Filed]

12

Date

06

2012

PAGE FOR L		OF I OF F	60 ORM 3X	
DENTIFI	CATIO	N NUM	BER ▼	
C00490	375			П

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER The state of the committee of the comm					
C c00490375					
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y				
Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date				
	11 14 2012				
Mailing Address 945 Camelia St	Amount				
City State Zip Code	520.04				
Berkeley CA 94710-1437	520.04 Transaction ID : D488089				
Purpose of Expenditure Category/ Type	Office Sought: House State: AZ Senate District: 03				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
	Check One: Support Oppose				
	Disbursement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date 11 14 2012				
Mailing Address 945 Camelia St	Amount				
City State Zip Code	520.04				
Berkeley CA 94710-1437	Transaction ID : D488090				
Purpose of Expenditure Printing Category/ Type	Office Sought: House State: CA Senate District: 13				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
BARBARA LEE	Check One: Support Oppose				
Calefidal feal-10-Date Fel Election	Disbursement For: Primary General O12 Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	1040.08				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed] Date	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature [Electronically Filea] Date	12 00 2012				

Signature

	CHEDULE E (FEC FORM 3X)			
TI	EMIZED INDEPENDENT EXPENDITURES	PAGE 51 OF 60 FOR LINE 24 OF FORM 3X		
٧V	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
	National Nurses United for Patient Protection	C C00490375		
Cł	heck if 24-hour report 48-hour report New report Amends report	ort filed on		
_	Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date		
	Mailing Address 945 Camelia St	11 14 2012		
		Amount		
	City State Zip Code Berkeley CA 94710-1437	520.04 Transaction ID : D488091		
	Purpose of Expenditure Printing Category/ Type	Office Sought: House State: WA Senate District: 07		
	Name of Federal Candidate Supported or Opposed by Expenditure:	President		
	JAMES MCDERMOTT	Check One: Support Oppose		
	Calendar Year-To-Date Per Election for Office Sought 520.04	Disbursement For: Primary General 2012 Other (specify)		
	Full Name (Last, First, Middle Initial) of Payee Autumn Press	Date 11 14 2012		
	Mailing Address 945 Camelia St	Amount		
	City State Zip Code	520.04		
	Berkeley CA 94710-1437	Transaction ID : D488092		
	Purpose of Expenditure Printing Category/ Type	Office Sought: House State: MA Senate District: 02		
	Name of Federal Candidate Supported or Opposed by Expenditure: JIM MCGOVERN	Check One: President Oppose		
	Calendar Year-To-Date Per Election for Office Sought 520.04	Disbursement For: Primary General 2012 Other (specify)		
	(a) SUBTOTAL of Itemized Independent Expenditures	. • 1040.08		
(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures	•		
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.			
	Carolyn Hietamaki	M = M / D = D / Y = Y = Y		

[Electronically Filed]

12

Date

06

2012

Check if

City

Berkeley

Printing

City

Oakland

NAME OF COMMITTEE (In Full)

Autumn Press

Purpose of Expenditure

BERNARD SANDERS

Purpose of Expenditure

MARK TAKANO

24-hour report

Mailing Address 945 Camelia St

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) of Payee

Calendar Year-To-Date Per Election

Full Name (Last, First, Middle Initial) of Payee California Nurses Association

Reimbursement Staff Travel - 24hr reported on 11/3/12

Calendar Year-To-Date Per Election

(c) TOTAL Independent Expenditures.....

Name of Federal Candidate Supported or Opposed by Expenditure:

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures.....

(b) SUBTOTAL of Unitemized Independent Expenditures

Mailing Address 2000 Franklin Street

National Nurses United for Patient Protection

48-hour report

Name of Federal Candidate Supported or Opposed by Expenditure:

for Office Sought

New report

Zip Code

Type

Zip Code

94612

Type

33781.49

Category/

Category/

94710-1437

520.04

State

CA

State

CA

	PAGE 52 OF 60
	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Amends report fil	ed on Man / Dab / Yayayay
	Date
	Amount
e 437	520.04
0	Transaction ID : D488093 ffice Sought: House State: VT
	Senate District: 00 President
С	heck One: Support Oppose
D 20.04	sbursement For: Primary General Other (specify)
·	Date
	11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
Э	325.38
0	Transaction ID : D488114 ffice Sought: House State: CA
	Senate District: President
С	heck One: Support Oppose
781.49 D 20	isbursement For: Primary General 12 Other (specify)
	845.42
	7 7 7
·····	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki	[Electronically Filed]	Date	12 /	/ D	06	2012
Signature					_	

Signature

TEMIZED INDEPENDENT EXPENDITURES	PAGE 53 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name (Last, First, Middle Initial) of Payee California Nurses Association Mailing Address 2000 Franklin Street City State Zip Code Oakland CA 94612 Purpose of Expenditure Reimbusement Staff Travel - 24hr reported on 11/3/12 Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Calendar Year-To-Date Per Election for Office Sought	Date M 11
Full Name (Last, First, Middle Initial) of Payee National Nurses United Mailing Address 2000 Franklin Street	Date Date Amount
City State Zip Code Oakland CA 94612	2085.01 Transaction ID : D488117
Purpose of Expenditure Reimbursement Staff Time - 24hr reported on 11/3/12 Category/ Type	Office Sought: House State: CA Senate District: 41 President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	> 2410.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	. •
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date	e 12 06 2012

П

Carolyn Hietamaki

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 54 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends repo	
Full Name (Last, First, Middle Initial) of Payee	Date
National Nurses United	M M / D D / Y Y Y Y
Mailing Address 2000 Franklin Street	11 15 2012
Z000 Franklin Street	Amount
City State Zip Code	
Oakland CA 94612	2085.00
Purpose of Expenditure	Transaction ID : D488119 Office Sought: House State:
Reimbursement Staff Time - 24hr reported on 11/3/12 Category/ Type	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President — 00
Barack Obama	Check One: Support Oppose
	Pidemond For Pines VI Consul
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Campaign Workshop	M M / D D / Y Y Y Y
Mailing Address 1129 20th Street, Suite 200	11 15 2012
1120 Zotil Giloct, Guilo Zoo	Amount
City State Zip Code	200 75
Washington DC 20036	326.75
Purpose of Expenditure Purpose of Expenditure Category/	Transaction ID : D488120 Office Sought: House State: CA
Reimbursement Staff Travel Supplies - 24hr reported 11/3/12 Type	Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK TAKANO	Check One: Support Oppose
Colonday Van To Date Day Flaction	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought 33781.49	2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2411.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) GOD TOTAL OF OTHER MACPORAGIN EXPONANTION	
(c) TOTAL Independent Expenditures	
(-,	
Under penalty of perjury I certify that the independent expenditures reported herein were	
with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	n entrer, or the neporting entity is not a political

[Electronically Filed]

2012

12

Date

06

Check if

City

Washington

Barack Obama

Purpose of Expenditure

NAME OF COMMITTEE (In Full)

24-hour report

Campaign Workshop

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) of Payee

Mailing Address 1129 20th Street, Suite 200

Calendar Year-To-Date Per Election

Full Name (Last, First, Middle Initial) of Payee

National Nurses United

National Nurses United for Patient Protection

Reimbursement Staff Travel Supplies - 24hr reported 11/3/12

Name of Federal Candidate Supported or Opposed by Expenditure:

for Office Sought

48-hour report

New report

Zip Code

20036

Type

6981.50

Category/

State

DC

		PAGE 55 OF 60 FOR LINE 24 OF FORM 3X
		FEC IDENTIFICATION NUMBER ▼
		C C00490375
Amends repo	rt filed	I on Man / Dab / Yayayay
		Date
		11 15 / 2012
		Amount
)		326.75
		Transaction ID : D488121
	Offic	ce Sought: House State:
		Senate District: 00 President
	Che	ck One: Support Oppose
81.50	Disk 2012	oursement For: Primary General Other (specify)
		Date
		11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount
)		199.88
		Transaction ID : D488122
	Offic	ce Sought: House State:
		Senate District: 00 President
	Che	ck One: Support Oppose
81.50	Disk 2012	oursement For: Primary General Other (specify)
	•	526.63
	•	

Mailing Address 2000 Franklin Street City Zip Code State Oakland CA 94612 Purpose of Expenditure Category/ Reimbursement Staff Time - 24hr reported on 11/3/12 Type Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Calendar Year-To-Date Per Election 6981.50 for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Carolyn Hietamaki [Electronically Filed] 2012 Date 12 06 Signature FEC Schedule E (Form 3X) Rev. 07/2011

Signature

SCHEDULE E (FEC Form 3X)

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FOR LINE 24 OF FORM 3X ENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	NTIFICATION NUMBER ▼
	00490375
Check if 24-hour report 48-hour report New report Amends report filed on	D D / Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee National Nurses United Date	D D / Y Y Y Y
Mailing Address 2000 Franklin Street	15 2012
Amount	
City State Zip Code Oakland CA 94612	199.87
Transaction ID :	
Reimbursement Staff Time - 24hr reported on 11/3/12	House State: CA Senate District: 41
Name of Federal Candidate Supported or Opposed by Expenditure:	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49 Disbursement For: 2012 Other (spec	Primary General
Full Name (Last, First, Middle Initial) of Payee Leslie Curtis Mailing Address, 4749 9, 9, 4149	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1749 S. Curtis St. Amount	
City State Zip Code Loma Linda CA 92354 Transaction ID:	244.49 : D488129
Reimbursement Staff Travel-24hr reported 11/3/12 (NNU)	House State: CA Senate District: 41 President
Name of Federal Candidate Supported of Opposed by Expenditure:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought 33781.49 Disbursement For: 2012 Other (spec	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	444.36
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperatio with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the report party committee) any political party committee or its agent.	
Carolyn Hietamaki [Electronically Filed] Date 12 06	2012

PAGE		OF	60	
FOR L	INE 24	OF FO	ORM 3X	
ENTIFI	CATION	NUM P	BER ▼	

	TON LINE 24 OF TONIW 3X				
NAME OF COMMITTEE (In Full) National Number ■ FEC IDENTIFICATION NUMBER ■					
National Nurses United for Patient Protection C C00490375					
Check if 24-hour report 48-hour report New report Amends report	ort filed on				
Full Name (Last, First, Middle Initial) of Payee	Date				
Leslie Curtis	11 15 2012				
Mailing Address 1749 S. Curtis St.	Amount				
City State Zip Code					
Loma Linda CA 92354	244.50				
Purpose of Expenditure	Transaction ID : D488132 Office Sought: House State:				
Reimbursement Staff Travel-24 reported 11/3/12 (NNU) Category/ Type	Senate District: 00				
Name of Federal Candidate Supported or Opposed by Expenditure:	X President				
Barack Obama	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 6981.50	Disbursement For: Primary General 2012 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date				
Michael Holloway	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 13280 Heacock	Amount				
City State Zip Code					
Moreno Valley CA 92553	105.00				
Purpose of Expenditure Category/	Transaction ID : D487041 Office Sought:				
Category/ Canvass labor-24hr reported on 11/3/12 Category/ Type	Senate District: 41				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
MARK TAKANO	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought 33781.49	Disbursement For: Primary General 2012 Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	> 349.50				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
(V) TOTAL MOOPORACIT Exportations					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically Filed] Date	e 12 06 2012				
Signature					

PAGE 58 OF 60 FOR LINE 24 OF FORM 3X
IDENTIFICATION NUMBER ▼ C00490375
/ D = D / Y = Y = Y

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection	C C00490375		
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay		
Full Name (Last, First, Middle Initial) of Payee Michael Holloway	Date		
Mailing Address 13280 Heacock	11 20 / 2012		
	Amount		
City State Zip Code Moreno Valley CA 92553	105.00		
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Offi	ce Sought: House State: Senate District: On the state State:		
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00 President Oppose		
Calendar Year-To-Date Per Election for Office Sought Disable 2012	bursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee Kinara Shah	Date 11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 6000 University Parkway	11 20 2012 Amount		
City State Zip Code San Bernardino CA 92407	78.00 Transaction ID : D487061		
Purpose of Expenditure Canvass labor-24hr reported on 11/3/12 Category/ Type Offit	ce Sought: House State: CA Senate District: 41		
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO Che	President eck One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought 33781.49 Dis	bursement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	183.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carolyn Hietamaki [Electronically Filed] Date	12 06 2012		
Signature			

Check if

City

City

Moreno Valley

MARK TAKANO

Purpose of Expenditure

NAME OF COMMITTEE (In Full)

Kinara Shah

San Bernardino

Barack Obama

Purpose of Expenditure

Kyshune Thomas

24-hour report

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

Full Name (Last, First, Middle Initial) of Payee

Mailing Address 6000 University Parkway

Canvass labor-24hr reported on 11/3/12

Calendar Year-To-Date Per Election

Full Name (Last, First, Middle Initial) of Payee

Mailing Address 13280 Heacock Street

Canvass labor-24hr reported on 11/3/12

Calendar Year-To-Date Per Election

(c) TOTAL Independent Expenditures.....

National Nurses United for Patient Protection

48-hour report

Name of Federal Candidate Supported or Opposed by Expenditure:

for Office Sought

Name of Federal Candidate Supported or Opposed by Expenditure:

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures.....

(b) SUBTOTAL of Unitemized Independent Expenditures

New report

Zip Code

92407

Type

Zip Code

92553

Type

33781.49

Category/

6981.50

Category/

State

CA

State CA

		PAGE 59 OF 60 FOR LINE 24 OF FORM 3X
		FEC IDENTIFICATION NUMBER ▼
		C C00490375
Amends repo	rt filed	on Mam / Dab / Yayayay
		Date
		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount
е		78.00 Transaction ID : D487062
	Offic	e Sought: House State:
		Senate District: 00 President
	Che	ck One: Support Oppose
981.50	Disb 2012	ursement For: Primary General Other (specify)
		Date
		11 20 Y Y Y Y Y Y Y
		Amount
е		126.00
	Offic	Transaction ID : D487063 ee Sought: House State: CA
		Senate District: 41 President
	Che	ck One: Support Oppose
781.49	Disb 2012	oursement For: Primary General Other (specify)
	. •	204.00
	. •	
	•	
•••••		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki [Electronically Filed] 2012 Date 12 06 Signature

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

National Nurses United for Patient Protection

PAGE 60 OF 60 FOR LINE 24 OF FORM 3X				
FEC IDENTIFICATION NUMBER ▼				
C C00490375				
M = M / D = D / Y = Y = Y				
11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
126.00				
ght: House State: Senate District: 00 President				
e: Support Oppose				
ent For: Primary General Other (specify)				
)				
M = M / D = D / Y = Y = Y				
ount				
ght: House State:				
Senate District: President				
e: Support Oppose				
ent For: Primary General Other (specify)				

	O consens		
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee	Dete		
Kyshune Thomas	Date		
	11 20 / Y Y Y Y Y		
Mailing Address 13280 Heacock Street			
	Amount		
City State Zip Code			
Moreno Valley CA 92553	126.00		
	Transaction ID : D487064		
Purpose of Expenditure Converse labor 24th reported on 44/2/42	Office Sought: House State:		
Canvass labor-24hr reported on 11/3/12 Type	Senate District: 00		
	President — 00		
Name of Federal Candidate Supported or Opposed by Expenditure:			
Barack Obama	Check One: Support Oppose		
Calandar Vaar To Data Par Election	Disbursement For: Primary X General		
Calendar Year-To-Date Per Election for Office Sought 6981.50	2012		
ioi Oilice Sougrit	Other (specify)		
Full Name (Last, First, Middle Initial) of Payee	Date		
Tuil Name (Last, 1 list, Wildie Hillar) of Layee	Date		
	M = M / D = D / Y = Y = Y		
Mailing Address			
Mailing Address			
	Amount		
City State Zip Code			
Only State Zip Gode			
Purpose of Expenditure Category/	Office Sought: House State:		
Type	Senate District:		
	President		
Name of Federal Candidate Supported or Opposed by Expenditure:			
	Check One: Support Oppose		
	Disbursement For: Primary General		
Calendar fear-10-Date Fer Election			
for Office Sought	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	126.00		
(h) CURTOTAL of Uniterpired Independent Expanditures			
(b) SUBTOTAL of Unitemized Independent Expenditures)		
(c) TOTAL Independent Expenditures	126670.70		
(-)	126670.70		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent			
party committee) any political party committee or its agent.			
Carolyn Hietamaki	M = M / D = D / Y = Y = Y		
[Electronically Filed] Date	12 06 2012		
Signature			